

This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: Corey Tom	SSN: N/A
Department: Environmental	
Position Title: Air Quality Technician	TANKANA AMBANIA
POSITION PAID FROM FOLLOWING:	
Federal Agency: EPA	
Federal Program Name: Clean Air Act	
Contract/Grant No. TX - 00 T 9 3 501	-0
Award/Acct. Number:	
Grant Period: 10/1/12 - 9/30/13	
Period Covered by Certification: 10/1/12 - 3/31	//3
I certify that the above is true to the best of my knowledge are for the above position was/is based upon my work solely for	· · · · · · · · · · · · · · · · · · ·
Employee Signature And I	Date 10-8-15
300	10 / 8 / 15 Date



This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: RAYMOND MONTOYA, JA
Department: ENVIRONMENTAL
Position Title: 975 TECHNICIAN
POSITION PAID FROM FOLLOWING:
Federal Agency: U.S. ENVIRONMENTAL PROTECTION AGENCY
Federal Program Name: 9 RNELAL ASSISTANCE PROGRAM
Contract/Grant No. OOT95601
Award/Acct. Number:
Grant Period: 15/1/2 - 9/30/16
Period Covered by Certification: 4 1 3 - 9 30 13
I certify that the above is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.
Employee Signature Junis Thon Date 10/8/5
Program Director Date
Program Director Date



This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: KAYMOND MONTOYA, J.
Department: ENURONMENTAL
Position Title: GIS TECHNICIAN.
POSITION PAID FROM FOLLOWING:
Federal Agency: U.S. ENVIRONMENTA PROTECTION AGENCY
Federal Program Name: 9 ENERA SSSISTUNCE PROJEAM
Contract/Grant No. OOT 95601
Award/Acct. Number:
Grant Period: 10/1/12 - 9/30/16
Period Covered by Certification: 10/1/2 - 3/31/3
I certify that the above is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.
Raymond Montage 1 Date 1/1/13  Date 1/1/13
Program Director Date



This certifies that the following is a true and correct states wages under a federal contract/grant program for the Wal	
EMPLOYEE NAME: Gina L. Wachsmuth	SSN: 559-17-0917
Department: Water Resources	
Position Title: Water Quality Technician	
POSITION PAID FROM FOLLOWING:	
Federal Agency: US Environmental Protection Agen	ncy
Federal Program Name: CWA Section 106 Water Pos	llution Control
Contract Grant Number: <u>1 - 99950312-2</u>	
Award/Account Number: 5046	
Grant Period: October 1, 2013 - September 30, 2014	4
Period Covered by Certification: April 1, 2014 - September 1	mber 30, 2014
I certify that the above statement is true to the best of my k compensation for the above position was/is based upon my above.	knowledge and belief, and that my work solely for the program listed
Employee Signature And Sham	October ( 2014
Sew Mach amon	October (2014)  Date 10/5/15  October (2014)
Program Director	Date 10/5/15
Note: Copies of this completed form must be submitted to	Payroll and Personnel on a semi-
annual or updated as needed pursuant to A-33 Federal Req	uirements



This certifies that the following is a true and correct statement of compounder a federal contract/grant program for the Walker River Pair	ensation for salaries and Ite Tribe.
EMPLOYEE NAME: Gina L. Wachsmuth	SSN: <u>559-17-0917</u>
Department: Water Resources	
Position Title: Water Quality Technician	-
	·
POSITION PAID FROM FOLLOWING:	
Federal Agency: US Environmental Protection Agency	
Federal Program Name: CWA Section 106 Water Pollution Cont.	rol
Contract Grant Number: 1 - 99950309-2	
Award/Account Number: 5046	
Grant Period: October 1, 2010 - September 30, 2011	
Period Covered by Certification: April 1, 2011 - September 30, 20	11
I certify that the above statement is true to the best of my knowledge and compensation for the above position was/is based upon my work solely above.	I belief, and that my for the program listed
Program Director 300 Date' 10/5/	per 1, 2011 15/15 bes 1, 2011
Note: Copies of this completed form must be submitted to Payroll and Pe	ersonnel on a semi-

annual or updated as needed pursuant to A-33 Federal Requirements



This certifies that the following is a true and correct statement of compe wages under a federal contract/grant program for the Walker River Paiut	nsation for salaries and te Tribe.
EMPLOYEE NAME: Gina L. Wachsmuth	SSN: 559-17-0917
Department: Water Resources	
Position Title: Water Quality Technician	
POSITION PAID FROM FOLLOWING:	
Federal Agency: US Environmental Protection Agency	
Federal Program Name: CWA Section 106 Water Pollution Contr	ol
Contract Grant Number: <u>I - 99950309-2</u>	,
Award/Account Number: 5046	
Grant Period: October 1, 2010 - September 30, 2011	The second section of the second seco
Period Covered by Certification: October 1, 2010 - March 31, 2011  I certify that the above statement is true to the best of my knowledge and	
compensation for the above position was/is based upon my work solely for above.	or the program listed
Gene Avalton Operation Date 10	11/201
Gen Machania as	2/15 L 1, 2011.
Program Director Bate Date	
Note: Copies of this completed form must be submitted to Payroll and Pel	rsonnel on a semi-

annual or updated as needed pursuant to A-33 Federal Requirements



This certifies that the following is a true and correct statement of compe wages under a federal contract/grant program for the Walker River Paius	nsation for salaries and te Tribe.
EMPLOYEE NAME: Gina L. Wachsmuth	SSN: 559-17-0917
Department: Water Resources	
Position Title: Water Quality Technician	
POSITION PAID FROM FOLLOWING:	
Federal Agency: US Environmental Protection Agency	
Federal Program Name: CWA Section 106 Water Pollution Contr	ol
Contract Grant Number: I - 99950309-1	
Award/Account Number: 5046	A CONTRACTOR OF THE CONTRACTOR
Grant Period: October 1, 2009 - September 30, 2010	
Period Covered by Certification: October 1, 2009 - March 31, 2010	)
I certify that the above statement is true to the best of my knowledge and compensation for the above position was/is based upon my work solely for above.	belief, and that my r the program listed
Program Director BOD Date	21.2010) 0/5/15 21-1, 2010
Note: Copies of this completed form must be submitted to Payroll and Persannual or updated as needed pursuant to A-33 Federal Requirements	sonnel on a semi-



This certifies that the following is a true and correct statement of compe- wages under a federal contract/grant program for the Walker River Paid	ensation for salaries and
EMPLOYEE NAME: Gina L. Wachsmuth	SSN: 559-17-0917
Department: Water Resources	
Position Title: Water Quality Technician	•
	-
POSITION PAID FROM FOLLOWING:	
Federal Agency: US Environmental Protection Agency	
Federal Program Name: CWA Section 106 Water Pollution Conti	rol
Contract Grant Number: $I - 99950309-1$	77.
Award/Account Number: 5046	
Grant Period: October 1, 2009 - September 30, 2010	<u> </u>
Period Covered by Certification: <u>April 1, 2010 - September 30, 20.</u> I certify that the above statement is true to the best of my knowledge and compensation for the above position was/is based upon my work solely fabove.	belief, and that my
Employee Signature  And Marketter Date  Program Director  Note: Copies of this completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the completed form must be submitted to Payroll and Personal Date  The program of the	100 105/015
annual or undeted on needed assessed to the total of the	sonner on a semi-

annual or updated as needed pursuant to A-33 Federal Requirements



This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: Vicki Moyle	
Department: Environmental	
Position Title: Environmental Director	
POSITION PAID FROM FOLLOWING: Federal Agency: US Environmental Protection Agency	
Federal Program Name:	
Contract/Grant No. OOT39701	
Award/Acct, Number:	<b></b>
Grant Period: $9/01/10 - 12/\overline{51/15}$	
Period Covered by Certification: June 1, 2011 - August 30, 2011	agen d <b>is</b> tribution distrib
I certify that the above is true to the best of my knowledge and belief, and that my compensati for the above position was/is based upon my work solely for the program listed above.	OT
Employee Signature Date 10/8/15	,
300	
Program Director Date	